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PTO/SB/81 (01-06)
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 and
CORRESPONDENCE ADDRESS
INDICATION FORM

Application Number	To Be Assigned
Filing Date	Concurrent Herewith
First Named Inventor	Eyal BEN-AROYA
Title	Apparatus and Method for...
Art Unit	To Be Assigned
Examiner Name	To Be Assigned
Attorney Docket Number	047141.001

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

25461

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

The address associated with Customer Number:

OR

Firm or
Individual Name

Omri BENTOV

Address

16/6 Hepashosh Street

City

Kfar Saba

State

ZIP 44246

Country

Israel

Telephone

Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature

Date 3/21/2006

Name

Omri BENTOV

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of forms are submitted.

The collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including to prepare, gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comment on the amount of time you estimate to complete this form and/or suggesting for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Please recognize or change the correspondence address for the above-identified application to:

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OR

The address associated with Customer Number:

OR

Firm or
Individual Name **Asaf GIGI**

Address **356 Hachoresh Street**

City **Carmiel** State ZIP **21711**

Country **Israel**

Telephone Email

I am the:

Applicant/inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature **.11/11c** Date **3/21/2006**

Name **Asaf GIGI** Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of **1** forms are submitted.

This collection of information is required by 37 CFR 1.81, 1.82 and 1.83. The information is required to obtain or retain a benefit by the public which is to be had by the USPTO in processing an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including to gather, prepare, and submit the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you believe this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 The address associated with the above-mentioned Customer Number

OR

 The address associated with Customer Number:

OR

 Firm or
Individual Name

Yossi OFEK

Address

33 Hayahalom Street

City

Tel Moad

State

ZIP 40680

Country

Israel

Telephone

Email

I am the:

 Applicant/Inventor Assignee of record of the entire interest. Sec 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Yossi OfeK

Date

3/21/2006

Name

Yossi OFEK

Telephone

Title and Company

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 Total of 1 form(s) are submitted.

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Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number

OR

 The address associated with Customer Number:

OR

 Firm or Individual Name: Adam WEINBERG

Address: 74 Salvador Street

City: Netanya State: ZIP: 42655

Country: Israel

Telephone: Email:

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/66)

SIGNATURE of Applicant or Assignee of Record

Signature	Adam Weinberg	Date	21-MAR-2006
Name	Adam WEINBERG	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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The address associated with the above-mentioned Customer Number

OR

The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Eyal BEN-AROYA		
Address	8/26 Paldi Street		
City	Rehovot	State	ZIP 76248
Country	Israel		
Telephone	Email		

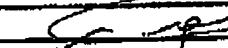
I am the:

Applicant/Inventor.

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SIGNATURE of Applicant or Assignee of Record

Signature  Date 21-MAR-06
Name Eyal BEN-AROYA Telephone

Title and Company

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